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CONFIRMATION NO. 5850

<b>SERIAL NUMBER</b> 10/715,417	<b>FILING OR 371(c) DATE</b> 11/19/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 60820.000004
<b>APPLICANTS</b> Eivind Per Thor Straten, Hvidovre, DENMARK; Mads Hald Andersen, Hellerup, DENMARK; <i>Ok lmp</i>				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/354,090 01/30/2003 ABN which claims benefit of 60/352,284 01/30/2002 <i>Ok lmp</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none lmp</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/20/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>m. D</i> Initials <i>✓</i>		<b>STATE OR COUNTRY</b> DENMARK	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 49
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 21967				
<b>TITLE</b> Survivin-derived peptides and use thereof				
<b>FILING FEE RECEIVED</b> 2324	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	